

**Prelicensing and Continuing Education Provider
Stipulation to Maintain Records Outside of California**
LIC 446-32 (Rev 05/08)

Producer Licensing Bureau - Education Unit

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APPLICATION

The undersigned, as provider director of a prelicensing or continuing education provider duly authorized by the California Department of Insurance, has requested the Commissioner's authorization to maintain provider records at a location outside of California.

REFERENCE**California Insurance Code, Section 1749.7. Administration: rules and regulations.**

The commissioner may, pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, adopt reasonable rules and regulations necessary for the convenient administration of this article.

California Code of Regulations, Title 10, Chapter 5, Section 2188.4. Maintenance of records.

(e) Provider records are to be maintained for a period of five (5) years and must be made available to the Commissioner for inspection immediately upon request. All records of providers with an office in this state, or which are otherwise doing business in this state, shall be maintained at a location within the state unless the Commissioner specifically authorizes otherwise in writing.

STIPULATION

In consideration of the Commissioner's granting of authorization to maintain the records described in California Code of Regulations, Section 2188.4, at a location outside of California, the undersigned provider director, on behalf of the duly authorized education provider, agrees to reimburse the California Department of Insurance for the expense of travel for the Commissioner's agent to conduct routine records examinations. Any refusal by a provider to reimburse the California Department of Insurance shall constitute grounds for automatic termination of the Commissioner's authorization to maintain records outside of the state, and may also be considered in any subsequent hearing on the rescission of provider status. This agreement will remain in force concurrent with the provider's certification period.

Provider Number: _____

Provider Name: _____
(Print or type)

Provider Director Name: _____
(Print or type)

Provider Director Signature: _____ Date: _____